

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Private Duty Nurses
Managed Care Plans

Memorandum No: 05-63 MAA
Issued: June 28, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Subject: Private Duty Nursing Services for Children: Fee Schedule Changes

<p>Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will update the Private Duty Nursing Fee Schedule with the one (1.0) percent Vendor Rate Increase (VRI) that was appropriated by the Legislature for the 2006 state fiscal year.</p>
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Maximum Allowable Fees

The 2005 Washington State Legislature appropriated a one (1.0) percent vendor rate increase for the 2006 state fiscal year. The maximum allowable fees for Private Duty Nursing Services have been adjusted to reflect these changes.

Attached are updated replacement pages F.3/F.4 for MAA's current *Private Duty Nursing Services for Children Billing Instructions*.

Bill MAA your usual and customary charge.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits if necessary) or the entire claim will be denied.

MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov> (Orders filled daily).
 - a) Click *General Store*.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either *I'm New* or *Been Here*.
 - ii. If new, fill out the registration and click *Register*.
 - iii. If returning, type your email and password and then click *Login*.
 - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
 - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

How do I bill for services provided to PCCM clients?

When billing for services provided to PCCM clients:

- Enter the referring physician or Primary Care Case Manager (PCCM) name in field 17 on the HCFA-1500 claim form; and
- Enter the seven-digit identification number of the PCCM who referred the client for the service(s) in field 17a. If the client is enrolled with a PCCM and the PCCM referral number is not in field 17a when you bill MAA, the claim will be denied.

What records must be kept? [Refer to WAC 388-502-0020]

Enrolled providers must:

- Keep legible, accurate, and complete charts and records to justify the services provided to each client, including, but not limited to:
 - ✓ Patient's name and date of birth;
 - ✓ Dates of service(s);
 - ✓ Name and title of person performing the service, if other than the billing practitioner;
 - ✓ Chief complaint or reason for each visit;
 - ✓ Pertinent medical history;
 - ✓ Pertinent findings on examination;
 - ✓ Medications, equipment, and/or supplies prescribed or provided;
 - ✓ Description of treatment (when applicable);
 - ✓ Recommendations for additional treatments, procedures, or consultations;
 - ✓ X-rays, tests, and results;
 - ✓ Dental photographs/teeth models;
 - ✓ Plan of treatment and/or care, and outcome; and
 - ✓ Specific claims and payments received for services.
- Assure charts are authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment or other service to which the entry pertains.
- Make charts and records available to DSHS, its contractors, and the US Department of Health and Human Services, upon their request, for at least six years from the date of service or more if required by federal or state law or regulation.

Fee Schedule

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare payers to process and pay electronic claims using a standardized set of procedure codes and diagnosis codes.

In order to comply with HIPAA requirements, MAA **has discontinued all state-unique procedure codes** previously used for Private Duty Nursing and requires the use of HCPCS procedure code T1000 with the appropriate modifier (as listed in the fee schedule below). Procedure code T1000 **requires prior authorization**.



Note: PDN services are reimbursed per unit.
1 unit = 15 minutes.

Bill Your Usual and Customary Fee

Discont'd Code	HCPCS Procedure Code	Appropriate Modifier(s)			Description of Services	7/1/05 Maximum Allowable
8928H	T1000	TD			RN, per 15 min.	\$7.95
8928H-5N	T1000	TD	TU		RN, per 15 min, overtime	10.73
8929H	T1000	TD	TV		RN, per 15 min., holiday*	10.73
8932H	T1000	TD	TK		RN – second client; same home, per 15 min.	3.97
8933H	T1000	TD	TK	TV	RN – second client; same home, per 15 min., holiday*	5.36
8930H	T1000	TE			LPN, per 15 min.	6.13
8930H-5N	T1000	TE	TU		LPN, per 15 min, overtime	8.27
8931H	T1000	TE	TV		LPN, per 15 min., holiday*	8.27
8934H	T1000	TE	TK		LPN – second client; same home, per 15 min.	3.06
8935H	T1000	TE	TK	TV	LPN – second client; same home, per 15 min., holiday*	4.14

Key to Modifiers:

TD = RN

TE = LPN

TV = Holiday

TK = Second client

TU = Overtime

***Paid holidays are limited to:** New Year's Day, Martin Luther King Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, and Christmas Day.